

PART B—ISSUE FEE TRANSMITTAL

142-1,250.00
561-30.00

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS <div style="text-align: right;">21M1/0912</div> STOEL RIVES BOLEY JONES & GREY 900 SW FIFTH AVENUE SUITE 2300 PORTLAND OR 97204-1268	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/276,757	07/18/94	030	MILLIS, G	2106 09/12/96
First Named Applicant: OWEN, MARK D.				

TITLE OF INVENTION
 ULTRAVIOLET LASER SYSTEM AND METHOD FOR FORMING VIAS IN MULTI-LAYERED TARGETS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 2686033:37US	219-121.710	E11	UTILITY	NO	\$1250.00	12/12/96

3. Correspondence address change (Complete only if there is a change)

Mr. Paul S. Angello
 STOEL RIVES LLP
 900 SW Fifth Avenue, Suite 2300
 Portland, OR 97204-1268

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Stoel Rives LLP

2 _____

3 _____

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:
 Electro Scientific Industries, Inc.
 (2) ADDRESS: (CITY & STATE OR COUNTRY)
 Portland, Oregon

6a. The following fees are enclosed:
☒ Issue Fee ☒ Advance Order - # of Copies 10
 6b. The following fees should be charged to:
 DEPOSIT ACCOUNT NUMBER 19-4455
 (ENCLOSE PART C)
☐ Issue Fee ☐ Advance Order - # of Copies _____
☒ Any Deficiencies in Enclosed Fees

- A. ☐ This application is NOT assigned.
☒ Assignment previously submitted to the Patent and Trademark Office.
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
 (Authorized Signature) Michael L. Levine (Date) 26 Sept. 1996
 Michael L. Levine, Reg No 33947

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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on September 26, 1996
(Date)

Deanna J. Sullivan
(Name of person making deposit)

Deanna J. Sullivan
(Signature)

September 26, 1996
(Date)

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